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THE ROLE OF THE PSYCHIATRIC SOCIAL WORKER AT INTAKE

A Thesis

Submitted by

Priscilla Louise Hayden

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In Partial Fulfillment of Requirements for
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CHAPTER I

INTRODUCTION

This is a study of the dynamics involved in the Intake process and the role of the psychiatric social worker at Intake.

In gathering material for this study the writer has drawn upon her own experience as a caseworker in a family agency where she has handled Intake, and upon her experience in a psychiatric field-work placement that offered an opportunity to study available case material. Case illustrations used in this paper have been taken from both agencies.

The writer has been interested in the dynamics of the Intake process and the necessity of understanding the psychological factors underlying individual personality behavior patterns and their influence upon the social and personal relationships of the individual.

In order to discuss the above adequately, the writer will first endeavor to define the meaning of Intake, and in the following pages will trace the historical development of the process to its present strategic place in agency function. Psychiatric concepts as applied to Intake will then be discussed.

CHAPTER II

INTAKE DEFINED

In discussing the role of the psychiatric social worker at Intake it is necessary to define first the Intake procedure as it is carried out in agency function.

The role of the Intake worker is a vital one as it is at Intake that the client initiates his request of the agency, and is either accepted, rejected or referred elsewhere, depending upon the type of request and the limitations and functions of the agency. This procedure involves on the part of the Intake worker, the utilization and knowledge of casework skills and techniques for correct diagnosis and evaluation of, and for the client and his request.

The Intake interview is usually not considered the same as an application interview. The application interview is carried on between the client and the receptionist, who obtains from the client identifying information. This data is then given to the Intake worker who interviews the client and decides whether the latter can use the agency's services.

A concise definition of the process is quoted from a good statement by LeRoy M. A. Maeder, M. D.:

Intake connotes a further step, an interview involving casework consideration of the client and his problem. The Intake interview

THE HISTORY OF

the city of London, from the first settlement of the
British in this island, to the present time. The
first part of the history, from the first settlement
to the year 1666, is divided into three books. The
second part, from the year 1666 to the present time,
is divided into two books. The first book of the
second part, from the year 1666 to the year 1701,
contains the history of the city of London, from
the year 1666 to the year 1701. The second book
of the second part, from the year 1701 to the
present time, contains the history of the city of
London, from the year 1701 to the present time.
The first book of the first part, from the first
settlement of the British in this island, to the
year 1666, contains the history of the city of
London, from the first settlement of the British
in this island, to the year 1666. The second
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of London, from the year 1666 to the year 1701.
The third book of the first part, from the year
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of the city of London, from the year 1701 to
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the year 1666 to the year 1701. The second
book of the second part, from the year 1701 to
the present time, contains the history of the city
of London, from the year 1701 to the present
time.

may thus be defined as the introduction of the client to the caseworker and the casework process. Its prime purpose is casework consideration, diagnosis, classification of the person and his problem, decision as to acceptance for further service, referral to another agency or service, other casework disposition, or rejection after brief service. The Intake interview, therefore, is the initial case work service. In some instances it constitutes the total casework service.¹

At Intake we define the type of need and evaluate our ability to treat it, as well as the client's ability to use the agency to which he has applied.² This involves not only ability on the part of the Intake worker to recognize the immediate need, but also to discern if the individual is presenting his real problem at Intake. The real problem may be un verbalized for conscious or unconscious reasons.

Agency limitations and policies necessarily define the types of service offered to the client. It is up to the Intake worker to define the service offered within the agency functions, and to see if the client is capable of accepting the service, or whether he should be referred to another

1. LeRoy M. A. Maeder, M. D., "The Generic Aspects of the Intake Interview", The Family, March, 1942 p. 14.

2. Gordon Hamilton, Theory and Practice of Social Case Work, p. 89.

agency offering special services that are not within the function of this particular agency. A total plan for casework service cannot be put into operation until the Intake worker and the client participate in a relationship which clarifies for the client what he desires to be accomplished within the scope and limitations offered by the agency.

The Intake interview may not be confined to one interview. Where it is found that more time is needed for proper evaluation, or the client is not yet ready to participate, due to anxiety, fear or hesitancy in accepting the service offered, more than one interview may be necessary. This also affords the worker more of an opportunity to observe the client and to understand what the client really desires.

The use of more than one interview in counseling cases is discussed by Dr. M. Robert Gomberg as follows:

Generally the first interview in a counseling case is full of intense, accumulated feeling. In one interview, the client may describe a conflict in relationship, express a degree of insecurity and anxiety that is indicative of a need for therapy, or present his problem in relation to some outside situation such as a job or school. It is difficult to know where the essential

problem lies or with what the client will be able to take help.

... In such an Intake period, the worker, relating to what the client describes as his problem, may point out the service that exists for a problem in relationship, and how it is given; or the service that is available in relation to problems of vocation or education; or he can help the client to see the kind of problem he describes as one requiring psychiatric treatment. In the initial impact with the agency, the client has no basis for knowing whether or not he wants counseling service. He knows he only wants relief from his conflict but that he fears the outside source of help. I believe that in this prolongation of intake it is not only more possible to identify and clarify the problem that is central for the client but the actual experiencing of a helping relationship in these few interviews affords the client the opportunity of choosing more responsibly and specifically the service that he wants, just as he would do in applying for more tangible services. For the worker it offers an opportunity for a dynamic diagnosis, which on the one hand arrives

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at a fuller understanding of the personality, observing possible evidence of the existence or extent of pathology, and its implications for this kind of help, and on the other hand, through the extent of the relationship already established, indicates how ready the client is to use help and for what.³

Many social workers might disagree with the above statements, as they would feel that the Intake interview should not carry over more than one or two interviews, especially if the client is to be transferred to another worker. In one interview a skilled worker could establish rapport and evaluate the client's needs correctly without requiring more time.

In the Intake interview the client's feelings and attitudes as regards a possible plan must be observed and evaluated by the worker in order to understand the behavior patterns of the client in the light of his present situation and his capability to deal with it. This requires the Intake worker to utilize psychological insight into the emotional needs of the individual who is presenting his problem and into the reasons motivating the request. This ability to

3. M. Robert Gomberg, Ph.D., "Counseling as a Service of the Family Agency", published in Counseling and Protective Service as Family Case Work: A Functional Approach, Pennsylvania School of Social Work, 1946, pp.33-34.

recognize what the individual really desires and to make a correct evaluation of the situation, is gained from a knowledge of psychiatric concepts as applied to the casework process and used in the Intake interview.

The focus of the Intake interview is on the present reality situation as presented by the client in his request to the agency, and the type of service offered within the limitations and function of the agency. But, in order to evaluate and diagnose correctly the needs of the client, and to formulate a satisfactory plan, the Intake worker must be aware of the motivations behind patterns of behavior, attitudes, feelings and ways of adjusting to situations. These are observed and gleaned from the Intake interviews between the worker and the client.

This calls for the utmost skill and use of psychiatric knowledge by the Intake worker so that the proper plan can be initiated for a solution of the client's problem.

CHAPTER III

HISTORY OF THE DEVELOPMENT OF THE INTAKE PROCESS

A brief review of past attempts in social work to evaluate the client's needs is important to show the development from these early beginnings to the present day focus on the Intake interview. Now the interest is upon the emotional needs of the client in the present situation, as viewed through his past behavior patterns. We have progressed considerably since Mary Richmond published her book "Social Diagnosis" in 1917 which made a "revolutionary" contribution to the field of social work at that time. The emphasis was on the gathering of facts about the client in his personal and social environment, in order to obtain a social history. The sociological factors were stressed, even though Miss Richmond realized the importance of psychological factors.

Manipulating the environment and a "doing for" the client was the goal of the social worker, and to formulate a plan for social treatment. The first interview was described in "Social Diagnosis" as "affording an opportunity for a full and patient hearing and for getting something of the client's attitude toward life. But although Miss Richmond did not think that the first interview should carry the weight of getting a large amount of factual information, she did see it chiefly as laying the foundation for a later social

THE STATE OF NEW YORK
IN SENATE
JANUARY 1, 1902.
REPORT
OF THE
COMMISSIONER OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE
MAY 1, 1899.
ALBANY:
J. B. LEECH, STATE PRINTER.
1902.

inquiry."⁴

A clear picture of the early attempts at first interviews as described by Mary Richmond, is presented by Virginia Robinson in her study of the changes in social casework thinking:

Critically examined, the relationship between caseworker and client is on a friendly, naive, un-analyzed basis. 'Giving the client all the time he wants often leads to that fuller self-revelation which saves our time and his in the long run. It is important in the first interview to gain clues to other sources of information.'

... The hope held out of finding a logical sequence in the elusive material of everyday human experience and in the caseworker's hitherto trial and error methods of trying to render the experience more profitable for some individuals, proved enormously stimulating to the casework field.

... Finally the importance attached to detail history was stimulating to deeper and deeper search for facts and for principles of interpretation other than social.⁵

4. Hamilton, op. cit., p.64.

5. Virginia P. Robinson, A Changing Psychology in Social Case Work, p.51-52.

In 1918 as a result of World War I, and the utilization of psychiatry in the treatment of and the readjustment of soldiers, we find social workers becoming more interested in the dynamics of psychiatric concepts as applied to casework. Psychiatry brought a new interpretation to the adjustments the individual makes in his reality situation. "War time neurosis, behavior developed in the effort to adjust to the war, precipitated new problems, the understanding and treatment of which proved enormously stimulating to psychiatrists and social workers",⁶

In the years following World War I, the scope of social casework has been developed to a higher professional level by the influence of psychiatric knowledge on social casework concepts. The psychiatric social worker has proven to be a valuable member in the psychiatric clinics and hospitals, and in other agencies to which individuals come with problems that are shown to be of emotional origin. These individuals are not so emotionally disturbed as to be diagnosed as psychotic, but they are having difficulty in various areas and are unable to recognize their latent capabilities and ego strength.

After World War I a new type of client became evident, who did not need help in an economic problem, but who did

6. Robinson, Ibid., p.54.

require assistance with some maladjustment in his everyday life. The focus moved from the economic and social factors to the psychological factors and an interest in the individual and his behavior in his past and present situation.

Casework has always recognized the importance of the application process, although the earlier casework did not emphasize, because it was not prepared to interpret, the emotional undercurrents.⁷

From a passive, listening attitude during the first interview which was the practice in the twenties, we have progressed to active participation on the part of the client towards a solution of his problem. This involves understanding the individual in his attitudes and feelings about his present situation, and an awareness of motivation, and acceptance by the worker of the client.

The change from early social diagnosis to present day acceptance of the client's problem is summarized briefly by Virginia Robinson:

The acceptance of this responsibility involves the caseworker in a treatment relationship whose essential characteristic is dynamic interaction between client and worker and by this distinguished from the early 'doing for' or 'doing

⁷. Hamilton, op. cit., p.63.

something to' the client or the later 'understanding the client through his past'. In one, the worker projects herself upon the client, in the second, she escapes in identification with the client, while in the third, 'the treatment relationship', she accepts responsibility for herself and for the relationship as well.⁸

In her discussion of the treatment relationship with the client, where the understanding of psychological concepts is important in evaluating the client's motivations and emotional needs, Virginia Robinson evaluates the importance of the first interview as follows:

If the worker brings sufficient background of knowledge of relationship problems and is able to identify with the client and at the same time maintain her own difference, the task of receiving and analyzing applications for help becomes a fascinating one and may also have its own therapeutic value. To be able to reject cases on the basis of the client's inability to use help, to refuse to lift the burden from the client's shoulders when it would be to his advantage to solve his own problem, to withdraw when the only

8. Robinson, op. cit., p.150

need the client has of her is to receive blame, demands the greatest skill and knowledge a case worker can develop. In addition, it demands the most developed and genuine objectivity to be able to conduct these interviews in such a way that the application is rejected and not the applicant.⁹

The above discussion shows the development of social work thinking from early interest in the client's economic and social environment to the awareness of the motivations of behavior. The worker recognizes the right of the individual to use his own initiative and to take responsibility for his problem. This emphasizes the importance of utilizing psychiatric concepts in the Intake interview in understanding personality behavior patterns, and the value of such knowledge for the Intake worker.

9. Robinson, Ibid., p.187.

CHAPTER IV

PSYCHIATRIC CONCEPTS APPLIED TO THE INTAKE PROCESS

In the Intake process many factors are brought out which stress the need for correct diagnosis and evaluation of the problem presented.

The dynamics involved in the beginning of the Intake interview are emphasized by Maurine La Barre:

The first part of the Intake interview proper follows a common professional method of encouraging the client to tell his story in his own way, while the worker makes mental notes of factual data and gaps, to be filled in by question later. In this process, the case-worker observes the client's manner, appearance, and the way he presents his situation, as clues to his problem and his capacity to use the service of the agency.¹⁰

Intake involves three important factors: (1) the individual seeking help, with his own personality and behavior patterns; (2) the Intake worker, bringing to the interview his or her personality and attitudes; (3) the agency setting, which has limitations and purposes of function. The influence of the worker in the Intake interview is expressed by

10. Maurine La Barre, "Generic Aspects of Intake Interviews", Editorial Notes, The Family, May, 1942, p.114

THE

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ANNUAL MEETING OF THE

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CHICAGO, ILL., 1902.

Bertram M. Beck:

Since caseworkers are not psychological supermen, it is natural and to be expected that their own personality problems will be reflected in their work. This is particularly true of the Intake interview. With adequate supervision, it is possible to utilize the Intake interview to make the caseworker more aware of himself and his role and to impress upon him the importance of Intake to the patient as his first introduction to the casework process.¹¹

The Intake worker must not allow his or her own personal needs to become involved with attitudes taken toward the client, or by the client. There must be an objective identification with the client. In order to do this, the worker must understand herself first and know her own limitations, prejudices and attitudes. A knowledge of psychiatric concepts will help the worker to recognize her own inadequacies and defense mechanisms so that she will approach the interview in a mature manner.

Empathy with the client is important for understanding to identify in a constructive way. Not to become emotionally involved with the client is a constructive factor in

¹¹. Bertram M. Beck, Short-Term Therapy In An Authoritative Setting, p.19.

casework relationship. This is dependent upon the extent of growth and maturity in the caseworker. To give warmth and acceptance and yet not to over-identify with the client, to the point where there is a blocking in treatment is the goal in the relationship.

The need of utilizing skills in casework technique is described by Dr. Robert S. Wilson as follows:

More and more casework decisions requiring evaluation and treatment have been moved up into the early contacts with the client. Such decisions as to accept or reject an application at the Intake desk or after a period of investigation are in themselves casework decisions requiring the highest order of skill and of knowledge of the client's need and the agency's function. In addition they require an intimate knowledge of the ways in which the reactions of the interviewer affect the client's response to the agency and to his problem.¹²

In order to do the above the Intake worker must utilize casework skills plus the knowledge of psychiatric concepts. The client comes to the first interview under pressure of some sort, sensing in so doing that he is putting the worker

12. Robert S. Wilson, Ph.D., The Short Contact in Social Case Work, 1937, Volume I, p.22.

in a position to do something for him. This pressure often puts the client on the defensive so that the Intake worker must be able to elicit from the client his real difficulty and to establish rapport.

Meeting Hostility and Resistance

Resistance and hostility are often shown in the Intake interview. When meeting this resistance and hostility the worker must be able to accept and understand the anxiety behind these attitudes. A great deal depends upon the source of the client's referral to the agency, in determining what attitude he will have when presenting his problem to the Intake worker.

The importance of the source of the referral in the manner in which the client presents his problem and the source of the referral is interpreted by Dr. Maeder as follows:

In his own language, he reveals whether the incentive was a referral by another person or agency, pressure brought upon him by his family or employer, or his own insight - the pressure of his predicament, and his desire to do something about it. Although not logically the next step, the client's conception of what he wants from the agency and worker often presses for expression at this time. Verbalization of his desires, a request for reassurance on a plan or

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF THE HISTORY OF ARTS
CHICAGO, ILLINOIS 60637
U.S.A.

PROFESSOR OF THE HISTORY OF ARTS

Dr. [Name] is a Professor of the History of Arts at the University of Chicago. He has been a member of the faculty since 1965. He has published several books and articles on the history of art. His most recent book is 'The History of Art in the Twentieth Century'. He is also a member of the American Academy of Arts and Letters.

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solution he has already worked out for himself, or an expression of his eagerness for relief and of his impatience to know what the agency actually can do for him, may constitute the client's method of revealing his difficulty.¹³

Coming to an agency is a threat to self-security and self-sufficiency and as a result there is anxiety and fear shown which may be disguised in various ways by the client. This is well stated by Dr. Maeder:

Sometimes the client comes filled with anxiety, guilt, or, aggression, inhibited by shyness, or, shame, craving affection, sympathy, or pity, driven by an urge to receive the approval of the worker, or impelled by some other diverting emotional state, such as a defensive front or maneuver to obtain a secondary gain or satisfaction not directly germane to the problem.

The worker accordingly seeks to counteract this anxiety by the establishment of rapport with the client through a meeting of minds exactly at the point of difficulty and by a direct and confident approach. This

¹³. LeRoy Maeder, op. cit., p.14

definiteness of approach on her part usually serves to clarify the situation and thus directly to counteract the client's confusion.¹⁴

Recognizing Ego Strength and Latent Capabilities

In the Intake interview the worker must be able to recognize what the real problem is and tentatively to diagnose and set the goal for treatment. The worker has to identify ego strength, give supportive help when indicated, and understand the psychological factors involved in the motivations present in the client's behavior. The worker must be able to recognize when psychiatric treatment or hospitalization is indicated, or if through the therapeutic relationship of worker and client, a change can be brought about in the client.

It is necessary for the Intake worker to discuss with the client his problem and to get him to participate in a plan for a possible solution. This includes a frank discussion of the agency's function and an awareness by the worker of the client's capacity to utilize ego strength in working out a plan. Where community resources must be used, the Intake worker has to clarify and interpret the other agencies' functions. In so doing, the Intake worker may meet hostility and resistance to any such referral. It is then

14. LeRoy Maeder, Ibid., p.15

that the worker utilizes her skill in casework techniques, by giving understanding and reassurance to alleviate the anxiety behind the attitudes expressed. A frank discussion of these resources and possible steps gives the client more confidence and understanding of the course decided upon. Mutual participation between the client and the worker in formulating a plan will often bring the client to the point of accepting referral to an outside agency with less resentment.

A case illustration of the above is given from the study of one hundred cases made by the writer for this thesis. This case illustrates the role of the Intake worker giving casework service within the limitations and scope of an authoritative setting.

When Mr. W., a tall, thin, nervous, young man was interviewed by the Intake worker he requested immediate financial help stating that he was unemployed at present but expected to obtain employment soon. He was extremely hostile in his attitude and spoke in loud, belligent tones, as though he defied the Intake worker to disagree with him. At the same time, the worker noticed that he was nervous in manner, gesticulating a great deal and moving around in his chair. The worker accepted his hostility and assured him of her interest asking him to explain his situation. This attitude by the worker seemed to calm Mr. W. somewhat and he was able to re-

late his problem in a less hostile manner. He then mentioned the fact that he had been subject to severe dizzy spells and headaches since his discharge from the service two years ago. He blamed these spells on his inability to obtain employment or to retain a job. He was married and had a daughter, age two and he was disturbed that he was unable to take care of his family as he should. The worker realized that his anxiety was due to insecurity in being unemployed and also that his physical and emotional condition was hindering him in his adjustment. Mr. W. was resentful that he was not receiving more compensation for a nervous condition after his discharge and felt that the agency should do something for him. The worker then found out that Mr. W. was receiving a ten percent disability compensation, which he thought was not enough, but he loudly professed not to be interested in the money, but in obtaining medical help for his condition. It was evident to the worker that Mr. W. did not feel that his condition was due to an emotional origin but to a physical basis. Under the limitations of this agency, the worker was unable to offer financial assistance and explained this to Mr. W., but did offer to arrange for a medical examination and further casework service. Outside community resources were suggested to Mr. W., for possible financial aid and the worker explained to Mr. W. the function of these other agencies. At first, Mr. W. refused to consider going

to any outside agency and spoke in angry words about this agency.

During this Intake interview the worker was aware of the basic problem behind the request for financial assistance and the motivation of behavior. The hostility expressed by the client covered up his own anxiety concerning his physical condition and inability to obtain employment. It was a natural reaction to show resentment when the agency would not offer financial assistance and to project it upon the Intake worker. At the same time the worker recognized the emotional content shown and that his nervous symptoms were more or less used as a defence at his inability to adjust. This indicated possible psychiatric treatment, but at the present interview Mr. W. was too disturbed to have accepted any referral for treatment.

The worker allowed Mr. W. to express his hostility and feelings and yet control the interview. The worker was able finally to have him accept a referral to an outside agency and the worker contacted the other agency and explained the situation to the worker there. Mr. W. was advised that he might return to this agency for casework service at any time. Later Mr. W. did return to the agency and followed through with a caseworker to the point where he was able to accept psychiatric treatment.

The above case illustrates the role of the Intake worker

in handling hostility and resentment and the way in which these feelings are accepted through understanding the reasons for them. In referring to outside agencies the client must be prepared for doing it and in many cases there will be time required to help the client accept this referral easily and without resentment. The Intake worker utilizes basic casework techniques by establishing rapport with the client, by accepting the client and understanding his anxiety and handling the emotional content present. In carrying out the above, the Intake worker may see the client for more than one interview.

Starting Where The Client Is

Understanding the problems presented by the client and starting where the client is, and knowing the meaning the client's problems have to him, are important factors to be considered. Aware of the extent of emotional involvement, and the unconscious motivations which are not expressed, but hidden, the social worker endeavors to move forward in her casework planning. History taking assumes a secondary role in the Intake process as the worker tries to understand the real motives behind the client's problems. History will come out during the interview as the client tells his story and feels that he is accepted and understood.

This point is brought out by Virginia Robinson:

History will take its place in the relation-

ship not in terms of the caseworker's need but as one of the client's reactions. It will come into the record at whatever time and place the client needs to make use of it and his uses of it will be many and various as the relationship proceeds.

...The worker's response should be determined by the meaning to the client at that point in their relationship and not by her interest in the facts as presented or by her identification with the client in that past experience.¹⁵

This does not mean that some history is not needed, but there does not need to be a delving into the client's past at Intake. Any facts that are important will come out in the interview through skillful handling by the Intake worker.

This part of the Intake process at a Mental Hygiene Clinic is described by Samuel Futterman, M.D. and Phillip B. Reichline as follows:

We think that it is more important to get some idea of the psychodynamics of the presenting problem than to get a complete genetic history, and some idea of what the patient feels at the present rather than purely historical data in which he has no interest and in which

15. Robinson, op. cit., pp. 143, 144.

he sees no cause and effect.¹⁶

Psychological Factors in Motivation

An awareness of the influence of past behavior patterns on the present situation which the client consciously or unconsciously expresses during the interview is needed by the Intake worker. These patterns are observed by the worker in the way a client reacts to the worker in his behavior, attitudes expressed and unexpressed, and the identification with the worker.

The importance of observation by the worker as stated by Dr. Wilson: "...observation is likely to be confined to irrelevant or unimportant external details unless deepened and sensitized by knowledge of psychiatric and sociological concepts integrated in a fundamental knowledge of human behavior, motivations and symptomatic responses".¹⁷

In considering the value of such observation in the Intake interview Dr. Wilson states as follows:

This trained observation suggests clues for further exploration; it aids in evaluating the emotional meaning of the client's story and definition of the situation to himself; it assists in the unearthing of unexpected strengths in the

16. Samuel Futterman, M.D., Phillip B. Reichline, "Intake Techniques in A Mental Hygiene Clinic", Journal of Social Casework, February, 1948, 29:49.

17. Wilson, op. cit., p.21.

client's background or in his previous management of troubling situations.¹⁸

One must be able to differentiate between the reality situation and the emotional situation and whether the emotional disturbance is brought on by the environmental situation, or by personality maladjustment. This means an evaluation of the client's problems in relation to his personality and his environment.

The above point is illustrated by a case taken from the files of a family agency where the writer has had experience. Mrs. R. was referred to the agency by a friend for financial assistance. When interviewed by the Intake worker she stated that her husband had left her and the two children and was not supporting her. Her problem as expressed was to find some way to have her husband give money for support.

During the interview the Intake worker was aware of a tenseness about Mrs. R. and a bewildered manner. There was no anger expressed toward the errant husband such as is usually noticed in similar situations. The worker realized that perhaps Mrs. R. was holding back her emotions and feelings about the situation and so attempted to put Mrs. R. at ease by first reassuring her of interest and help. She then suggested that Mrs. R. relate a little more about her feelings in the situation and that it was difficult to adjust to

¹⁸. Wilson, *Ibid.*, p.22

such a problem that was now before her. This appeared to open the door to further confidence by Mrs. R. who stated that she was upset that her marriage had been a failure and that she could not understand why her husband had left her. The Intake worker recognized the anxiety in this statement and also that though the financial problem was acute, the real focus of the casework service should be centered on Mrs. R's emotional adjustment to the situation.

Arrangements were made for Mrs. R. to have legal advice and for financial assistance from the local DPW in the present situation. Mrs. R. had several interviews with the Intake worker before she accepted referral to another worker in the agency, as she at first felt that she could not use casework service. The worker realized that Mrs. R. did not wish to admit that she had made a mistake in her marital relationship and felt that accepting casework service, would be an admission of failure. Mrs. R. was a rigid personality and in the interviews discussed her marriage and her own childhood. She had been strictly brought up, the only child of over-protective parents and her ideas concerning sex were of a prohibitive nature. Her husband, on the other hand, was a product of a broken home, was light-hearted and gay and did not regard sex as unclean the way she did. This information was divulged during the first interviews by Mrs. R. and gradually she was able to see that she, herself,

might have caused the rift in the marriage. The Intake worker gave supportive help and some interpretation in order to have Mrs. R. accept her problem realistically and make a satisfactory adjustment for herself and her children.

Psychological factors in motivation which must be considered are what areas present in the individual can be utilized for change and how this can be done in the present situation. This means looking for ego strength in the individual and latent capabilities that the client is not yet aware of in himself.

A knowledge of the various defense mechanisms set up in the individual by the ego in order to cope with adjustments in life situations is valuable for the Intake worker to have. The way in which these defense mechanisms are used by the individual to adjust to situations must be evaluated by the worker in the light of the present situation and the patterns of behavior followed by the client in the past in similar situations.

Virginia Robinson states that the understanding of the present problem is "obtaining in the early contacts as full and complete knowledge of the present situation, of each individual in his relationship with all the elements in his environment which have emotional significance for him. It will reveal the individual's orientation to his life problems

when he comes to the caseworker's attention".¹⁹

Short-term Therapy

Short-term therapy is often used in the Intake interview where it is found that the client can be helped in areas other than the one precipitating the request, but having an effect upon his present difficulty. Though no deep interpretation is given, reassurance, clarification and supportive help are offered.

An illustration of short-term therapy, understanding the emotional content and also of past behavior patterns in the Intake interview is now given from the case study made by the writer.

The Intake worker in a family agency had several interviews with a young married woman referred to the agency for family casework. Mrs. S., the client, was a reserved individual and did not verbalize her feelings during the first part of the interview. Her problems were many, not only financial, but included marital maladjustment, illness, and behavior problems with her three children. The focus of the first interview was to reassure Mrs. S. of the worker's interest and to arrange for financial aid through ADC.

Mr. S. was unemployed due to an acute anxiety state for which he had been receiving treatment at a local hospital. There was a great deal of friction between the

¹⁹. Robinson, op. cit., p.143

husband and wife as the latter could not understand why her husband was unable to obtain employment. Mrs. S. herself had an asthmatic condition, having been subject to severe attacks during the past ten years. These attacks were severe enough to necessitate her staying in bed several days at a time. The Intake worker realized that Mrs. S. was putting on a defense to cover her own anxiety and was unable to express herself during the first interview to any great extent.

Gradually during the subsequent interviews, Mrs. S. was able to relate to the worker and confide in her some of her feelings concerning her situation. The worker allowed her to verbalize freely and did not show condemnation when Mrs. S. brought out her own attitudes toward her husband and the children and inadequacy in coping with the situation. The Intake worker recognized significant clues in the interview, such as Mrs. S. always going to bed with a severe asthmatic attack when Mr. S. had an acute hysterical paralysis attack, or when he showed signs of improvement from his psychiatric treatment.

Mrs. S. had always been independent and the dominating one in the marital relationship. She confided to the Intake worker that she had fought to be independent from childhood as a reaction against her mother who rejected her. Her parents were separated and she had always been reminded by her mother that she was not wanted and had been disciplined

severely. On the other hand there was a great wish to be dependent and receive affection from the mother. The Intake worker discussed with Mrs. S. her feelings and that her own attitudes towards her children were similar to the treatment she received from her own mother. Mrs. S. began to have some insight into her pattern of behavior and attitude toward her husband and children. The asthmatic condition was recognized by the Intake worker as partly psychosomatic, originating upon the death of Mrs. S's mother ten years ago. This condition had become worse as her dissatisfaction with her husband's passive and neurotic condition increased. Psychiatric treatment was discussed with Mrs. S. who accepted a referral to a psychosomatic clinic.

The above case stressed the need for the Intake worker to be aware of the emotional needs of the client and how they affect behavior and inability to adjust to situations.

Where emotional content is recognized by the worker and seems to be hindering the client from carrying out plans for an adjustment, the worker, through the relationship established, helps the client to understand his behavior. When given on a superficial level by clarification, it brings about in some cases an awareness by the client of his basic difficulty in a certain area which has had an effect upon the immediate need presented.

The dynamics of the short-term interview are discussed

by Bertha Reynolds when she states:

We question whether as much time is necessary for the growth of a fruitful professional relationship as we have thought. Perhaps people give of themselves what is appropriate to the business at hand rather quickly provided they can have confidence that the other person is honest in his intentions. Perhaps defining the business in hand so that it is well understood helps the movement of the relationship because it removes uncertainties.

...The dynamic process is an interplay of active personalities - two of them. Preparation becomes long and patient training to understand people in every sort of psychological and social situation. It becomes a matter of one's whole life, to bring to an interview, no matter how short, the quality of reaching people which comes from deep and sincere living.²⁰

Short-term therapy is evident in the client-worker relationship, as long as this relationship is controlled by the worker toward the goal set for treatment. The amount of interpretation given depends upon the client's ability to

20. Bertha Reynolds, "Dynamic Possibilities of the Time Limited Interview", Newsletter, Tenth Anniversary Number, May, 1940, p.6.

understand his inner problems which have blocked his adjustment, if these conflicts are on a conscious or pre-conscious level, and he is not too emotionally disturbed. The interpretation should be related to the present reality situation and on a conscious level.

Therapy is given in manipulating the environment and by giving supportive help as long as it is controlled toward a constructive end. This means giving reassurance when needed and showing an interest in the client as a person. The worker must understand the client in his total situation and total personality.

Too passive an attitude on the part of the worker will block the client and set up a barrier between them as will a cold, aloof attitude shown by the worker.

In the Intake interview therapy is given when the worker in diagnosing and evaluating the problem, recognizes the ego strength in the individual and latent capabilities, and feels that the client can utilize short-term therapy. Preparing the client for another worker for casework treatment, in explaining the need for further service, or referring the client to another resource, brings into play the skill of the Intake worker so that the client will accept the transfer or referral willingly. There is some therapeutic value in doing this so that the client will accept the change on the basis that he really desires to do it.

Bringing about a change in the client's awareness of his problem in a new light is explained by Dr. Maeder as follows:

The Intake worker in the professional relationship bears the basic responsibility for whatever change takes place in the client as he relates himself to his problem and to the agency through the interview. This often involves even in the Intake interview a change in the client's degree of insight into his problem and a realization of his responsibility for investing his efforts in its solution.²¹

21. LeRoy Maeder, op. cit., p.23.

CHAPTER V

SUMMARY

We have seen how the casework process has developed from the obtaining of facts concerning the client in his present personal and social relationships and environment, to where there is joint participation by the worker and client in working out the client's problems. From a "doing for" the client what the worker thinks is right, we have now progressed to realizing that the client has the right of freedom of choice in his adjustment and in planning for a solution to his problem. The degree to which the client can utilize help and desires it depends upon the knowledge that the worker has of the dynamics of human behavior and of the psychiatric concepts of personality adjustments. Because of this knowledge the worker can recognize ego strength in the client and what constructive areas the client has which can bring out his capabilities.

The changing role of the psychiatric social worker is discussed by Lois French when she states that there is a "growing recognition of the importance of the patient's attitudes in any phase of this client-worker relationship".²² This is a change from the former emphasis on study, diagnosis and plan, and in the Intake process, the recognition of the

22. Lois French, Psychiatric Social Work, 1940, p.210

CHAPTER I

THEORY

It is the object of this book to present a systematic and comprehensive treatment of the theory of the differential and integral calculus. The book is divided into two parts, the first of which is devoted to the theory of the differential calculus, and the second to the theory of the integral calculus. The first part is divided into three chapters, the first of which is devoted to the theory of the differential of a function of one variable, the second to the theory of the differential of a function of several variables, and the third to the theory of the differential of a function of a function. The second part is divided into three chapters, the first of which is devoted to the theory of the integral of a function of one variable, the second to the theory of the integral of a function of several variables, and the third to the theory of the integral of a function of a function. The book is written in a clear and concise style, and is intended for the use of students of mathematics.

The book is written in a clear and concise style, and is intended for the use of students of mathematics. It is divided into two parts, the first of which is devoted to the theory of the differential calculus, and the second to the theory of the integral calculus. The first part is divided into three chapters, the first of which is devoted to the theory of the differential of a function of one variable, the second to the theory of the differential of a function of several variables, and the third to the theory of the differential of a function of a function. The second part is divided into three chapters, the first of which is devoted to the theory of the integral of a function of one variable, the second to the theory of the integral of a function of several variables, and the third to the theory of the integral of a function of a function. The book is written in a clear and concise style, and is intended for the use of students of mathematics.

attitudes and behavior of the client is important in evaluating and diagnosing the client's needs.

The writer feels that a knowledge of psychiatric concepts as applied to social casework treatment is necessary for the Intake worker to have. Understanding the motivations for human behavior and past behavior patterns as related to the present situation calls upon the Intake worker to utilize psychiatric knowledge.

The Intake worker must be aware of her own attitudes, prejudices and feelings and not allow them to interfere with her relationship to the client. Through a knowledge of psychiatric concepts she will know herself better and recognize her own limitations, defense mechanisms and attitudes. This will enable her to understand the client's behavior and view the situation objectively in a mature manner. To have empathy with the client, and not to over-identify is necessary for the constructive handling of the client-worker relationship.

In order to evaluate the reality situation correctly the worker must understand what this situation means to the client. What are his feelings and attitudes as regards his problem? Starting where the client is should always be kept in focus by the worker when the client first comes to the Intake interview.

The client has come to the agency for help in a certain

area of adjustment because he has not been able to work it out himself. Whether or not this is the basic problem cannot be determined immediately, but, observing his attitude in relating his problem and noting his behavior as shown during the interview offer clues as to how he will be able to accept help or gain insight into his basic problem. The worker will be able to judge what the basic problem may be by her observance of the above and the amount of emotional content exhibited during the interview. The worker's acceptance of the client and understanding the anxiety and guilt behind hostility and resistance will establish the rapport needed to help the client towards a possible solution to his problem.

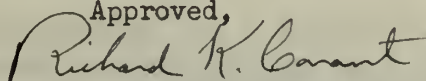
The writer is of the opinion that short-term therapy can be utilized in the Intake process. The client-worker relationship itself is a therapeutic agent and can bring about a change in the client's attitudes. Therapy is only possible when the client has some insight into his problem and if the conflicts which are blocking his adjustment are on a pre-conscious or conscious level. This means bringing about a change in the client's feelings and attitudes about his situation to the point where he can readily participate in a plan for possible solution of his problem.

Since "Social Diagnosis" was written, we have seen the change in early social work contacts by the worker to the

value of psychological insight into the clients' needs. This takes into consideration, not only motivation for behavior and past behavior patterns but as they are related to the present situation. The meaning the reality situation has to the client must be kept in focus by the worker. As the Intake interview is important for evaluating the client's needs, within the limitation and function of the agency, the Intake worker must be skilled not only in casework techniques, but, in the application of psychiatric concepts to the social casework treatment.

The writer has tried to show that to diagnose and evaluate the client's problem correctly the knowledge of the dynamics behind human behavior is paramount in the skill utilized during the Intake interview.

Approved,



Richard K. Conant
Dean

This essay type of thesis is approved, because it is based upon a case work research made by the student which we thought inadvisable to complete.



BIBLIOGRAPHY

1. Aptaker, Herbert T., "Continuity of Intake Treatment Processes", Readings in Social Casework, Editor, Fern Lowry, New York: Columbia University Press, 1939.
2. Beck, Bertram M., Short-Term Therapy in An Authoritative Setting, New York: Family Service Association of America, 1946.
3. Deutsch, Albert, "The Convergence of Social Work and Psychiatry: An Historical Note", Mental Hygiene, January, 1940.
4. Edkerik, K., "Psychiatric Social Service" Practitioner, May, 1943
5. French, Lois, Psychiatric Social Work, New York: Commonwealth Fund, 1940.
6. _____ "The American Association of Psychiatric Social Workers: Its History, Purpose, and Activities, New York: The Association, 1941.
7. Futterman, Samuel, M.D., and Phillip B. Reichline, "Intake Techniques in a Mental Hygiene Clinic", Journal of Social Casework, Family Service Association of America, February, 1948.
8. Garrett, Annette, Interviewing, Its Principles and Methods, New York: Family Welfare Association of America, 1942.
9. Gomberg, M. Robert, Ph.D., "Counseling As A Service of the Family Agency", published in Counseling and Protective Service As Family Case Work: A Functional Approach, Pennsylvania School of Social Work, 1946.
10. Green, Rose, "The Developing Experience Between Client and Worker", Newsletter, Summer, 1939.
11. Hambrecht, Leona M., "Beyond a Decade", Newsletter, Autumn, 1940.
12. Hamilton, Gordon, Theory and Practice of Social Work, New York: Columbia University Press, 1940.
13. La Barre, Maurine, "Generic Aspects of Intake Interview", The Family, May, 1942.

14. Lowrey, Lawson G., Psychiatry For Social Workers, New York: Columbia University Press, 1946.
15. _____ "Training Principles in the Use of Social Service", American Journal of Orthopsychiatry, July, 1946.
16. Lundberg, George A., Social Research, Second edition; New York: Longmans, Green and Company, 1942.
17. Maeder, LeRoy, M. A., M.D., "Generic Aspects of the Intake Interview", The Family, Family Welfare Association of America, March, 1942.
18. Mahaffy, Betty P., "Helping the Serviceman Re-establish Parental Ties", The Family, Family Service Association of America, July, 1946.
19. Marcus, Grace, "The Psychiatric Point of View in Social Work", Mental Hygiene, October, 1923.
20. McClure, Dorothea, "Intake Practice In A Child Guidance Center", The Family, December, 1940.
21. Mills, Harriet J., "The Prognosis Value of the First Interview", Smith College Studies in Social Work, 1946.
22. Otis, Lillian L., "Intake Interviews In a Travelers Aid Society", The Family, April, 1941.
23. Reynolds, Bertha, "Dynamic Possibilities of the Time Limited Interview", Newsletter, Tenth Anniversary Number, May, 1940.
24. Robb, Christine, "Changing Goals of Psychiatric Social Work", Newsletter, July, 1931.
25. Robinson, Virginia P., A Changing Psychology in Social Case Work, Chapel Hill, North Carolina: University of North Carolina Press, 1930.
26. Rochmore, Myron John, "A Psychiatric Social Casework Orientation to Therapy", Proceedings of the National Conference of Social Work, 1946.
27. Rosenblum, Deborah, "The Clarification and Meeting of the Clients Need", Newsletter, Summer, 1939.

28. Scherz, Frances H., "The Use of Relief During Early Contact", Relief Practices in a Family Agency, Editor, Cora Kasius, Family Welfare Association of America, Albany, New York: Boyd Printing Company, 1942.
29. Stipe, Jack H., "Social Service in the Veterans Administration", Journal of Social Casework, Family Service Association of America, February, 1948.
30. Sytz, Florence, "Unit of Attention in Case Work Process", The Family, June, 1946.
31. Veterans Administration, Boston Regional Office, "Social Service Unit, Intake Procedure", 1947.
32. Wilson, Robert, Ph.D., The Short Contact in Social Case Work, Volume I, New York: National Association for Travelers Aid and Transient Service, 1937.

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